

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct
113
Accident No.
MV-2021-113-000556

Complaint
Number

☒ **AMENDED REPORT**

19
4

1 -	Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Month	Day	Year						Reconstructed <input type="checkbox"/>		
	4	5	2021	MONDAY	22:30	2	1	0			

20
20

2 -	VEHICLE 1						VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					
	VEHICLE 1 - Driver License ID Number M06914336108921						VEHICLE 2 - Driver License ID Number 899997743					
	Driver Name - exactly as printed on license MARTINEZ, KEVIN						Driver Name - exactly as printed on license TAVAREZ HERNANDEZ, EURY					
	Address (Include Number & Street) 646 MAPLE AVE						Address (Include Number & Street) 77-09 169 STREET					
	City or Town ELIZABETH State NJ Zip Code 07202						City or Town QUEENS State NY Zip Code 11366					

21
-

3 1	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged					
	Month	Day	Year			Month	Day	Year							
	8	30	1992	M	<input type="checkbox"/>	2	29	1992	M	<input type="checkbox"/>	1				
	Name - exactly as printed on registration RYDER TRUCK RENTAL INC					Name - exactly as printed on registration U					Name - exactly as printed on registration EAN HOLDINGS INC				
4 4	Address (Include Number & Street) 11690 NW 105TH ST					Address (Include Number & Street) 1512 W 4TH ST					Address (Include Number & Street) 1512 W 4TH ST				
	City or Town MIAMI State FL Zip Code 33178					City or Town ONTARIO State OH Zip Code 44906					City or Town ONTARIO State OH Zip Code 44906				

23
5

5 1	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
	2732821	IN	2019 VOLVO	BOX TRUCK	4	HCK3731	OH	2020 MITS	SW/SUV	999

24
5

6 1	Ticket/Arrest Number(s)	Violation Section(s)	Ticket/Arrest Number(s)	Violation Section(s)

25
12

7 1	Check if involved vehicle is:		Check if involved vehicle is:		Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	
	<input type="checkbox"/> more than 95 inches wide;	<input type="checkbox"/> more than 34 feet long;	<input type="checkbox"/> more than 95 inches wide;	<input type="checkbox"/> more than 34 feet long;	Rear End Left Turn Right Angle Right Turn Head On	
	<input type="checkbox"/> operated with an overweight permit;	<input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> operated with an overweight permit;	<input type="checkbox"/> operated with an overdimension permit.	Slideswipe (same direction) Left Turn Right Turn Slideswipe (opposite)	
	VEHICLE 1 DAMAGE CODES		VEHICLE 2 DAMAGE CODES		ACCIDENT DIAGRAM	
	Box 1 - Point of Impact	Box 2 - Most Damage	Box 1 - Point of Impact	Box 2 - Most Damage		
	11	11	5	5		
	Enter up to three more Damage Codes	3 4 5	Enter up to three more Damage Codes	4 3 4 5		
	Vehicle By Towed To		Vehicle By Towed To			

26
1

7 1	VEHICLE DAMAGE CODING:		VEHICLE DAMAGE CODING:		VEHICLE DAMAGE CODING:	
	1-13. SEE DIAGRAM ON RIGHT.		1-13. SEE DIAGRAM ON RIGHT.		1-13. SEE DIAGRAM ON RIGHT.	
	14. UNDERCARRIAGE 17. DEMOLISHED		14. UNDERCARRIAGE 17. DEMOLISHED		14. UNDERCARRIAGE 17. DEMOLISHED	
	15. TRAILER 18. NO DAMAGE		15. TRAILER 18. NO DAMAGE		15. TRAILER 18. NO DAMAGE	
	16. OVERTURNED 19. OTHER		16. OVERTURNED 19. OTHER		16. OVERTURNED 19. OTHER	

27
1

7 1	Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	Place Where Accident Occurred:	Place Where Accident Occurred:
	6 7 8 1	Latitude/Northing: 40.669243	<input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input checked="" type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND	<input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input checked="" type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND	<input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input checked="" type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND
	X 5 M 1	Longitude/Easting: -73.80129	Road on which accident occurred 678I S/B VAN WYCK EXPWY	Road on which accident occurred 678I S/B VAN WYCK EXPWY	Road on which accident occurred 678I S/B VAN WYCK EXPWY
	2 0 0 5		at 1) intersecting street 133RD AVE	at 1) intersecting street 133RD AVE	at 1) intersecting street 133RD AVE

28
1

7 1	Accident Description/Officer's Notes		Accident Description/Officer's Notes		Accident Description/Officer's Notes	
	AT TIME AND PLACE OF OCCURENCE, DURING SLOW TRAFFIC, DRIVER 1 STATES		AT TIME AND PLACE OF OCCURENCE, DURING SLOW TRAFFIC, DRIVER 1 STATES		AT TIME AND PLACE OF OCCURENCE, DURING SLOW TRAFFIC, DRIVER 1 STATES	
	HE WAS HALFWAY THRU SWITCHING FROM THE RIGHT LANE TO THE MIDDLE LANE, WHEN VEHICLE 2		HE WAS HALFWAY THRU SWITCHING FROM THE RIGHT LANE TO THE MIDDLE LANE, WHEN VEHICLE 2		HE WAS HALFWAY THRU SWITCHING FROM THE RIGHT LANE TO THE MIDDLE LANE, WHEN VEHICLE 2	
	TRAVELING IN THE MIDDLE LANE, SLOWED DOWN AND THEN SUDDENLY ACCELERATED, RESULTING IN		TRAVELING IN THE MIDDLE LANE, SLOWED DOWN AND THEN SUDDENLY ACCELERATED, RESULTING IN		TRAVELING IN THE MIDDLE LANE, SLOWED DOWN AND THEN SUDDENLY ACCELERATED, RESULTING IN	

30
-

7 1	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
	A	1	1	4	1	28	M	-	-	-	-	-	-	MARTINEZ, KEVIN	
	B	1	3	4	1	23	M	-	-	-	-	-	-	HOSSEN, MOHAMED, R	
	C	2	1	4	1	29	M	6	12	6	-	-	-	TAVAREZ HERNANDEZ, EURY	

30
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7 1	Officer's Rank and Signature	Tax ID No.	NCIC No.	Precinct	Post/Sector	Reviewing Officer	Date/Time Reviewed
	POM	943896	03030	413		SGT KEVIN F MORAN	04/26/2021 07:59
	Print Name						
	ANASTASIOS TSAKOS						

30
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	Month	Day	Year						Reconstructed <input type="checkbox"/>		
	4	5	2021	MONDAY	22:30	2	1	0			

2	VEHICLE - Driver License ID Number						State of Lic.						VEHICLE - Driver License ID Number						State of Lic.																
	Driver Name - exactly as printed on license						Driver Name - exactly as printed on license						Driver Name - exactly as printed on license						Driver Name - exactly as printed on license																
	Address (Include Number & Street)						Apt. No.						Address (Include Number & Street)						Apt. No.																
	City or Town						State						Zip Code						City or Town						State						Zip Code				

3	Date of Birth			Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth			Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>																						
	Month	Day	Year					Month	Day	Year																										
	Name - exactly as printed on registration						Name - exactly as printed on registration						Name - exactly as printed on registration																							
	Address (Include Number & Street)						Apt. No.						Address (Include Number & Street)						Apt. No.																	
4	City or Town						State						Zip Code						City or Town						State						Zip Code					
	Plate Number						State of Reg.						Vehicle Year & Make						Vehicle Type						Ins. Code											
	Ticket/Arrest Number(s)						Ticket/Arrest Number(s)						Ticket/Arrest Number(s)						Ticket/Arrest Number(s)																	
	Violation Section(s)						Violation Section(s)						Violation Section(s)						Violation Section(s)																	

6	Check if involved vehicle is:												Check if involved vehicle is:												Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.											
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	VEHICLE 1 DAMAGE CODES												VEHICLE 2 DAMAGE CODES												ACCIDENT DIAGRAM											
	Box 1 - Point of Impact												Box 1 - Point of Impact												Sideswipe (same direction)											
7	Box 2 - Most Damage												Box 2 - Most Damage												Left Turn											
	Enter up to three more Damage Codes												Enter up to three more Damage Codes												Right Turn											
	Vehicle By Towed To												Vehicle By Towed To												Sideswipe (opposite)											

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	X 5 M 1												40.669243												Road on which accident occurred											
	2 0 0 5												Longitude/Easting:												678I S/B VAN WYCK EXPWY											
1													-73.80129												(Route Number or Street Name)											
																									at 1) intersecting street											
																									(Route Number or Street Name)											
																									or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of 133RD AVE											
1																									(Milepost, Nearest Intersecting Route Number or Street Name)											

1	Accident Description/Officer's Notes												Accident Description/Officer's Notes												Accident Description/Officer's Notes											
	REFUSED MEDICAL ATTENTION AT THE SCENE. UNKNOWN HOW THAT INJURY GOT												REFUSED MEDICAL ATTENTION AT THE SCENE. UNKNOWN HOW THAT INJURY GOT												REFUSED MEDICAL ATTENTION AT THE SCENE. UNKNOWN HOW THAT INJURY GOT											
	SUSTAINED. A SIDE SWIPE COLLISION, DOES NOT CAUSE BACK PAIN. INSURANCE FRAUD SUSPECTED.												SUSTAINED. A SIDE SWIPE COLLISION, DOES NOT CAUSE BACK PAIN. INSURANCE FRAUD SUSPECTED.												SUSTAINED. A SIDE SWIPE COLLISION, DOES NOT CAUSE BACK PAIN. INSURANCE FRAUD SUSPECTED.											
	NO OTHER INJURIES CLAIMED OR VISIBLE. BOTH VEHICLES WERE ON THE SERVICE ROAD, HEADING												NO OTHER INJURIES CLAIMED OR VISIBLE. BOTH VEHICLES WERE ON THE SERVICE ROAD, HEADING												NO OTHER INJURIES CLAIMED OR VISIBLE. BOTH VEHICLES WERE ON THE SERVICE ROAD, HEADING											
1	SOTH BOUND.												SOTH BOUND.												SOTH BOUND.											

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1																									(Milepost, Nearest Intersecting Route Number or Street Name)											

Side Swipe (same dir) : MV-2021-113-000556

Reporting Officer : POM ANASTASIOS TSAKOS

ABS-7 (1/19)

Reviewing Officer : SGT KEVIN F MORAN Reviewed Date : 04/26/2021 07:59

